



MARGENE L. TAYLOR, CHAIRPERSON  
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Law & Justice Center  
104 W. Front St.  
Bloomington, IL 61701  
Ph: 1-309-663-2006

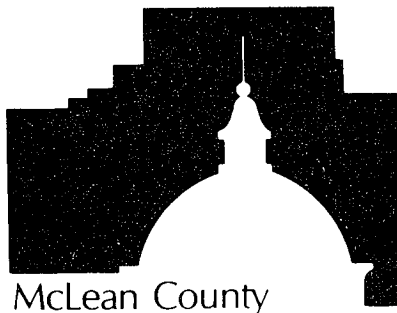
**MERIT COMMISSION  
OF  
DEPUTY SHERIFFS OF McLEAN COUNTY, ILLINOIS  
& CORRECTIONAL OFFICERS OF McLEAN COUNTY, ILLINOIS**

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**McLean County Sheriff Department  
Jail Division  
Correctional Officers**

APPLICATIONS for Correctional Officer position may be picked up at the Sheriff's Office, Law and Justice Center, 104 W. Front Street, Bloomington, IL, from February 7<sup>th</sup> through February 18<sup>th</sup>, 2005, between 8:30 a.m. and 4:30 p.m. or on the Internet at <http://www.mcleancountyil.gov/Sheriff/EmploymentPageindex.htm>. Starting salary is \$30,475.91 plus overtime available with liberal benefits including: uniforms and shoes furnished, \$40 monthly maintenance, minimum 3 weeks time-off annually, IMRF Retirement Plan, and health insurance available. **MANDATORY ORIENTATION and TESTING** will be held on Tuesday, February 22, 2005 in the ESDA Operations Room, basement of the Law & Justice Center. Check-in at 5:00 p.m., Orientation at 5:30 p.m. Written Test following. **APPLICATIONS AND ALL REQUIRED DOCUMENTS MUST BE TURNED IN THE NIGHT OF ORIENTATION.** For questions, call 1-309-888-5036.

Bill to: McLean Co. Sheriff's Dept. Merit Commission  
Attention: Katy Graf, Recording Secretary  
Law & Justice Center  
104 W. Front Street  
Bloomington, Illinois 61701



**MCLEAN COUNTY SHERIFF'S DEPARTMENT**

**DAVID OWENS, SHERIFF**

"Peace Through Integrity"

Administration Office

(309) 888-5034

104 W. Front Law & Justice Center Room 105

P.O. Box 2400 Bloomington, Illinois 61702-2400

Detective Commander (309) 888-5051

Patrol Commander (309) 888-5166

Patrol Duty Sergeant (309) 888-5019

Jail Division (309) 888-5065

Process Division (309) 888-5040

Records Division (309) 888-5055

Domestic Crimes Division (309) 888-5860

FAX (309) 888-5072

**TO: CORRECTIONAL OFFICER APPLICANT**

Attached is your application for employment with the McLean County Sheriff's Department. The starting salary for Correctional Officer is \$30,475.91.

Please complete the entire application and provide the following materials, which need to be returned with the application on the night of orientation:

- ◆ A certified copy of your birth certificate from the county you were born. We **cannot** accept birth certificates issued by the hospital.
- ◆ Transcripts from the institution of your highest level of education.
- ◆ Transcripts of military service discharge, if applicable.
- ◆ A valid driver's license, along with two copies of said driver's license.
- ◆ Two (2) letters of recommendation from persons listed as personal references addressed directly to the McLean County Merit Commission.
- ◆ Two (2) letters of recommendation from past employers on the company's letterhead and addressed directly to the McLean County Sheriff's Department Merit Commission. No letters older than ninety (90) days will be accepted.
- ◆ Reside within one (1) hours driving time from the certified employee's residence to the McLean County Law & Justice Center, Bloomington, IL, regardless of weather and road conditions, road construction, vehicle availability and vehicle performance.

Applicants must attend a **mandatory orientation meeting** and successfully pass the following testing procedures:

- ◆ **Basic Skills Test**
- ◆ **Oral Interview**

Upon successful completion of the above, the Merit Commission then certifies that the applicant is eligible for employment with the McLean County Sheriff's Department and the applicant will be notified by letter of his/her placement on the eligibility list.

To be eligible for employment with this department, you will be subject to a medical examination and an intense background check, which will include a polygraph. You are required to sign an **Authorization for Release of Personal Information** so that the background check can be conducted.

Thank you for your interest in our Department.

David Owens  
McLean County Sheriff



# EMPLOYMENT APPLICATION

Last Name

First Name

Middle Name/Initial

Social Security Number

Street and Number

City

County

State

Zip

Phone

Can your education and/or employment records be verified using the above name and social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list other name(s): \_\_\_\_\_

Name, address and phone number of person who will know where you may be contacted:

Phone

Please follow these general instructions.

1. Read the Examination/Position Announcement and be sure you meet, with or without reasonable accommodation, the "QUALIFICATIONS" listed.
2. Answer all questions and complete all spaces on this application.
3. Submit all transcripts and documents at time of application.

Position(s) applied for: \_\_\_\_\_

How did you learn of the examination/position? \_\_\_\_\_

Have you previously been employed by McLean County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from \_\_\_\_\_ to \_\_\_\_\_ Department \_\_\_\_\_

Are you at least eighteen years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

On what basis are you available for employment? (Check any or all that apply)

Full time \_\_\_\_\_

Part time \_\_\_\_\_

Summer \_\_\_\_\_

Temporary \_\_\_\_\_

Are you available for:

Weekends & Holidays

Yes \_\_\_\_\_

No \_\_\_\_\_

Rotating Shifts

Yes \_\_\_\_\_

No \_\_\_\_\_

On Call

Yes \_\_\_\_\_

No \_\_\_\_\_

Shift Preference (check any or all that apply):

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Date available for work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rate of pay expected \$ \_\_\_\_\_ per week

1. Have you ever been discharged or asked to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you object to an inquiry of your present employer in regard to your ability to work with others, work record, qualifications or abilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE LAST THREE QUESTIONS, please give specifics on a separate sheet. A "yes" answer does not automatically disqualify you from employment.

NAME

Last

First

Middle Name/Initial

Answer the four questions below if they are essential functions of the job for which you are applying.

1. Do you possess a valid Drivers License?

Yes\_\_\_No\_\_\_N/A\_\_\_

2. Do you possess a valid Commercial Drivers License?

Yes\_\_\_No\_\_\_N/A\_\_\_

3. Can you produce typed material (typewriter, word processing, other)?

Yes\_\_\_No\_\_\_N/A\_\_\_

4. Can you take notes verbatim (word for word) at a reasonable speed?

Yes\_\_\_No\_\_\_N/A\_\_\_

List any in-service training, instruction courses or programs you have completed.

List any special information as to your work record you may deem of value.

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization and/or the position for which you are applying?

If license, certificate or other authorization to practice a trade or professional is required for the position for which you are applying, complete the following:

Name of trade or profession

License Number

Granted By

City and/or State of

Specialty

Licensed From

To

EDUCATION	Name and Location	Years Completed	Diploma/Degree	Course of Study
High School		9 10 11 12		
College		1 2 3 4		
Graduate/ Professional		1 2 3 4		
Trade School		1 2 3 4		

Describe your extra-curricular activities (e.g. professional/student organizations, leisure activities, civic, etc.):

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
	Starting	Final	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
	Starting	Final	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
	Starting	Final	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
	Starting	Final	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

5. Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
	Starting	Final	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

## REFERENCES

List three business/work references who are not related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

1.	_____		
	Name	Relationship	Years acquainted
	_____		( )
	Address	Phone	
	_____		
2.	_____		
	Name	Relationship	Years acquainted
	_____		( )
	Address	Phone	
	_____		
3.	_____		
	Name	Relationship	Years acquainted
	_____		( )
	Address	Phone	
	_____		

## AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE:** If you are applying for a position with one of the following departments, you will need to complete a form for purposes of a background investigation. Please ask for one of these forms.

**SHERIFF'S DEPARTMENT  
FACILITIES MANAGEMENT**

**CIRCUIT CLERK  
COURT SERVICES**

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

Application Reviewed by:

_____ Name	_____ Date
_____ Name	_____ Date
_____ Name	_____ Date

_____ Name	_____ Date
_____ Name	_____ Date
_____ Name	_____ Date



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FAX (309) 888-5072

## Authorization for Release of Personal Information

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the McLean County Sheriff's Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any records of a police department or other law enforcement agency.

I understand that any of the information obtained by a personal background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the McLean County Sheriff's Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Count of McLean, the McLean County Sheriff, the McLean County Sheriff's Department Merit Commission, their members, employees, agents and assigns from any and all liability which may be incurred as a result of collecting an utilizing such information.

I further authorize the McLean County Sheriff's Department to conduct a polygraph examination(s), and I hereby voluntarily submit to such polygraph examination(s).

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have fully read and understand the contents of this AUTHORIZATION OF RELEASE OF PERSONAL INFORMATION.

\_\_\_\_\_  
Signature, include maiden name if applicable

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Driver's License # & State